

201 KAR 20:057. Scope and standards of practice of advanced practice registered nurses.

RELATES TO: KRS 218A.205(3)(a), 314.011(7), 314.042, 314.193(2)

STATUTORY AUTHORITY: KRS 218A.205(3)(a), 314.131(1), 314.193(2)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the Board of Nursing to promulgate administrative regulations necessary to enable it to carry into effect the provisions of KRS Chapter 314. KRS 314.193(2) authorizes the board to promulgate administrative regulations establishing standards for the performance of advanced practice registered nursing to safeguard the public health and welfare. This administrative regulation establishes the scope and standards of practice for an advanced practice registered nurse.

Section 1. Definitions. (1) "Collaboration" means the relationship between the advanced practice registered nurse and a physician in the provision of prescription medication, including both autonomous and cooperative decision-making, with the advanced practice registered nurse and the physician contributing their respective expertise.

(2) "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances (CAPA-CS)" means the written document pursuant to KRS 314.042(9).

(3) "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Nonscheduled Legend Drugs (CAPA-NS)" means the written document pursuant to KRS 314.042(8).

Section 2. The practice of the advanced practice registered nurse shall be in accordance with the standards and functions defined in the following scope and standards of practice statements for each specialty area:

- (1) Scope and Standards of Psychiatric-Mental Health Nursing Practice;
- (2) Nursing: Scope and Standards of Practice;
- (3) Scope and Standards for Nurse Anesthesia Practice;
- (4) Standards for Office-based Anesthesia Practice;
- (5) Standards for the Practice of Midwifery;
- (6) The Women's Health Nurse Practitioner: Guidelines for Practice and Education;
- (7) Pediatric Nursing: Scope and Standards of Practice;
- (8) Standards of Practice for Nurse Practitioners;
- (9) Scope of Practice for Nurse Practitioners;
- (10) Scope and Standards of Practice for the Acute Care Nurse Practitioner;
- (11) Neonatal Nursing: Scope and Standards of Practice;
- (12) Scope and Standards for Acute and Critical Care Clinical Nurse Specialist Practice; and
- (13) Statement on the Scope and Standards of Advanced Practice Nursing in Oncology.

Section 3. In the performance of advanced practice registered nursing, the advanced practice registered nurse shall seek consultation or referral in those situations outside the advanced practice registered nurse's scope of practice.

Section 4. Advanced practice registered nursing shall include prescribing medications and ordering treatments, devices, and diagnostic tests which are consistent with the scope and standard of practice of the advanced practice registered nurse.

Section 5. Advanced practice registered nursing shall not preclude the practice by the advanced practice registered nurse of registered nursing practice as defined in KRS 314.011(5).

Section 6. (1) A CAPA-NS shall include the name, address, phone number, and license number of both the advanced practice registered nurse and each physician who is a party to the agreement. It shall also include the specialty area of practice of the advanced practice registered nurse. An advanced practice registered nurse shall, upon request, furnish to the board or its staff, a copy of the CAPA-NS.

(2) To notify the board of the existence of a CAPA-CS pursuant to KRS 314.042(9)(a), the APRN shall file with the board the "Notification of a Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances (CAPA-CS)".

(3) For purposes of the CAPA-CS, in determining whether the APRN and the collaborating physician are qualified in the same or a similar specialty, the board shall be guided by the facts of each particular situation and the scope of the APRN's and the physician's actual practice.

(4)(a) An APRN with a CAPA-CS shall report all of his or her United States Drug Enforcement Agency (DEA) Controlled Substance Registration Certificate numbers to the board when issued to the APRN by mailing a copy of the registration certificate to the board within thirty (30) days of issuance.

(b) Any change in the status of the DEA Controlled Substance Registration Certificate number shall be reported in writing to the board within thirty (30) days.

Section 7. Prescribing medications without a CAPA-NS or a CAPA-CS shall constitute a violation of KRS 314.091(1).

Section 8. The board may make an unannounced monitoring visit to an advanced practice registered nurse to determine if the advanced practice registered nurse's practice is consistent with the requirements established by 201 KAR Chapter 20, and patient and prescribing records shall be made available for immediate inspection.

Section 9. Prescribing Standards for Controlled Substances. (1)(a) This section shall apply to an APRN with a CAPA-CS when prescribing a controlled substance.

(b) The APRN shall practice according to the applicable scope and standards of practice for the APRN's role and population focus.

(2) This section shall not apply to:

- (a) Administering or prescribing a controlled substance or anesthesia immediately prior to, during, or for up to seven (7) days following surgery or an invasive procedure;
- (b) Administering a controlled substance necessary to treat a patient in an emergency situation:
 - 1. At the scene of an emergency;
 - 2. In a licensed ground or air ambulance; or
 - 3. In an emergency department of a hospital, except as provided in subsection (11) of this section.
- (c) Prescribing a controlled substance for a hospice patient or any end of life care;
- (d) A patient admitted to a licensed hospital as an inpatient, outpatient, or observation patient, during and as part of the patient's normal and expected course of care at that hospital;
- (e) A patient who is a registered resident of a long term care facility as defined in KRS 216.510;
- (f) Prescribing during the effective period of any disaster or situation with mass casualties that have a direct impact on the APRN's practice;
- (g) Prescribing a single dose of a controlled substance to relieve anxiety, pain, or discomfort related to a diagnostic test or procedure;
- (h) Prescribing a limited amount of a controlled substance for a short period of time for an established patient to assist the patient in responding to the anxiety of a nonrecurring event;
- (i) Treatment associated with cancer;
- (j) Administering or prescribing controlled substances to prisoners in a state or county correctional facility;
- (k) Prescribing of a Schedule V controlled substance; and
- (l) Schedule II controlled substances and Schedule III controlled substances with hydrocodone as established in KRS 218A.172.
- (3) The APRN shall, prior to initially prescribing a controlled substance for a medical complaint for a patient:
 - (a) Obtain the patient's medical history and conduct an examination of the patient and document the information in the patient's medical record. An APRN certified in psychiatric/mental health shall obtain a medical and psychiatric history, perform a mental health assessment, and document the information in the patient's medical record;
 - (b) Query KASPER for all available data on the patient;
 - (c) Make a written treatment plan stating the objectives of the treatment and further diagnostic examinations required;
 - (d) Discuss with the patient, the patient's parent if the patient is an unemancipated minor child, or the patient's legal guardian or health care surrogate:
 - 1. The risks and benefits of the use of controlled substances, including the risk of tolerance and drug dependence;
 - 2. That the controlled substance should be discontinued when the condition requiring its use has resolved; and
 - 3. Document that the discussion occurred and that the patient consented to the treatment.
 - (4) The treatment plan shall include an exit strategy, if appropriate, including potential discontinuation of the use of controlled substances.
 - (5) For subsequent or continuing long-term prescriptions of a controlled substance for the same medical complaint, the APRN shall:
 - (a) Update the patient's medical history and document the information in the patient's medical record;
 - (b) Modify the treatment plan as clinically appropriate; and
 - (c) Discuss the risks and benefits of any new controlled substances prescribed with the patient, the patient's parent if the patient is an unemancipated minor child, or the patient's legal guardian or health care surrogate, including the risk of tolerance and drug dependence.
 - (6) During the course of treatment, the APRN shall query KASPER no less than once every three (3) months for all available data on the patient before issuing a new prescription or a refill for a controlled substance.
 - (7) These requirements may be satisfied by other licensed practitioners in a single group practice if:
 - (a) Each licensed practitioner involved has lawful access to the patient's medical record;
 - (b) Each licensed practitioner performing an action to meet these requirements is acting within the scope of practice of his or her profession; and
 - (c) There is adequate documentation in the patient's medical record reflecting the actions of each practitioner.
 - (8) If prescribing a controlled substance for the treatment of chronic, noncancer pain, the APRN, in addition to the requirements of this section, may obtain a baseline drug screen or further random drug screens if the APRN:
 - (a) Deems a drug screen to be clinically appropriate; or
 - (b) Believes that it is appropriate to determine whether or not the controlled substance is being taken by the patient.
 - (9) If prescribing a controlled substance for the treatment of a mental health condition, the APRN shall meet the requirements of this section.
 - (10) If prescribing a controlled substance for a patient younger than sixteen (16) years of age, the APRN shall obtain and review an initial KASPER report. If prescribing a controlled substance for an individual sixteen (16) years of age or older, the requirements of this section shall apply.
 - (11) Prior to prescribing a controlled substance for a patient in the emergency department of a hospital that is not an emergency situation as specified in subsection (2) of this section, the APRN shall:
 - (a) Obtain the patient's medical history, conduct an examination of the patient and document the information in the patient's medical record. An APRN certified in psychiatric/mental health shall obtain a medical and psychiatric history, perform a mental health assessment, and document the information in the patient's medical record;
 - (b) Query KASPER for all available data on the patient;
 - (c) Make a written treatment plan stating the objectives of the treatment and further diagnostic examinations required;
 - (d) Discuss the risks and benefits of the use of controlled substances with the patient, the patient's parent if the patient is an unemancipated minor child, or the patient's legal guardian or health care surrogate, including the risk of tolerance and drug dependence and document that the discussion occurred and that the patient consented to the treatment.

Section 10. Incorporation by Reference. (1) The following material is incorporated by reference:

- (a) "Scope and Standards of Psychiatric-Mental Health Nursing Practice", 2007 Edition, American Nurses' Association;
- (b) "Nursing: Scope and Standards of Practice", 2010 Edition, American Nurses' Association;

- (c) "Standards for Office-based Anesthesia Practice", 2010 Edition, American Association of Nurse Anesthetists;
 - (d) "Scope and Standards for Nurse Anesthesia Practice", 2010 Edition, American Association of Nurse Anesthetists;
 - (e) "Standards for the Practice of Midwifery", 2011 Edition, American College of Nurse-midwives;
 - (f) "The Women's Health Nurse Practitioner: Guidelines for Practice and Education", 2008 Edition, Association of Women's Health, Obstetric and Neonatal Nurses and National Association of Nurse Practitioners in Women's Health;
 - (g) "Pediatric Nursing: Scope and Standards of Practice", 2008 Edition, National Association of Pediatric Nurse Practitioners;
 - (h) "Standards of Practice for Nurse Practitioners", 2010 Edition, American Academy of Nurse Practitioners;
 - (i) "Scope of Practice for Nurse Practitioners", 2010 Edition, American Academy of Nurse Practitioners;
 - (j) "Scope and Standards of Practice for the Acute Care Nurse Practitioner", 2006 Edition. American Association of Critical Care Nurses;
 - (k) "Neonatal Nursing: Scope and Standards of Practice", 2004 Edition, American Nurses Association/National Association of Neonatal Nurses;
 - (l) "Scope and Standards for Acute and Critical Care Clinical Nurse Specialist Practice", 2010 Edition, American Association of Critical-Care Nurses;
 - (m) "Statement on the Scope and Standards of Advanced Practice Nursing in Oncology", 2003 Edition, Oncology Nursing Society; and
 - (n) "Notification of a Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances (CAPA-CS)", 6/2010, Kentucky Board of Nursing.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky 40222, Monday through Friday, 8 a.m. to 4:30 p.m. (13 Ky.R. 2168; eff. 7-2-87; Am. 14 Ky.R. 231; eff. 9-10-87; 19 Ky.R. 2666; 20 Ky.R. 303; eff. 8-6-93; 3218; eff. 8-4-94; 22 Ky.R. 305; eff. 9-20-95; 23 Ky.R. 3606; 4176; 24 Ky.R. 62; eff. 6-18-97; 27 Ky.R. 819; eff. 11-17-2000; 29 Ky.R. 2120; 2449; eff. 4-11-03; 2943; eff. 8-13-03; 32 Ky.R. 285; eff. 10-19-05; 33 Ky.R. 511; 1069; eff. 10-18-06; 34 Ky.R. 1783; 2184; 2278; eff. 5-2-2008; 35 Ky.R. 2790; eff. 8-12-2009; 37 Ky.R. 421; eff. 10-20-2010; 38 Ky.R. 1361; 1549; eff. 3-21-2012; 39 Ky.R. 535; 1185; 1385; eff. 2-1-2013.)